

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Young, Alan L.		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 5:02-020777-001		4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Young		8. PAYMENT CATEGORY Misdemeanor	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Probation Revocation
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 844A-CP.M -- CONTROLLED SUBSTANCE - POSSESSION					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS White, Cynthia L. 1858 Rosamond Blvd. Rosamond CA 93560 Telephone Number: (661) 256-1166			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court: <i>[Signature]</i> 10/19/04 Date of Order: 12/3/2004 Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
			14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)		
CLAIM FOR SERVICES AND EXPENSES					
				FOR COURT USE ONLY	
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. In Court	a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings	1.3			
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$ 90.00) TOTALS:		1.3	117.00		
16. Out of Court	a. Interviews and Conferences	1.4			
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and Other work (Specify on additional sheets)				
(Rate per hour = \$90.00) TOTALS:		1.4	54.00		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):			171.00		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 8/9/05 TO 8/10/05			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 8-11-05		21. CASE DISPOSITION
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: <i>[Signature]</i> Date: 9-8-05					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP. \$117.00	24. OUT OF COURT COMP. \$54.00	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT \$171.00	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <i>[Signature]</i>			DATE 9/22/2005	28a. JUDGE / MAG. JUDGE CODE 72BJ	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	

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In-Court Worksheet

Date	Brief Description of Service	Arraignment and/or plea	Bail/Detention Hearing	Motion Hearing	Trial	Sentencing Hearings	Revocations Hearings	Appeals Court	Proof of Compliance
8/9/2005	EAFB Court Appearance						1.3		
Page Total		0.0	0.0	0.0	0.0	0.0	1.3	0.0	0.0
Grand Total					1.3				

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Out-of-Court Worksheet

Date	Brief Description of Service	Interviews/ Conferences	Obtain/Review Records	Legal Research/ Brief Writing	Travel Time	Investigative/ other work
8/9/2005	Call with Francine Zepeda regarding making a special appearance	0.3				
8/10/2005	Call with Federal Defender's Office regarding status of court appearance	0.3				
Page Total		0.6	0.0	0.0	0.0	0.0
Grand Total		0.6				